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ABSTRACT

The traditional service programs are not doing the job of providing the comprehensive services needed for youth. Using the following premises as a foundation, an alternative model of providing services for youth is possible: (1) A person does not have to go to a Mental Health Clinic in order to get service. Services can be provided in a local setting; (2) People do not have to play the waiting game. The burden lies with the worker to deal with the family; and (3) Workers can be and should come from the community they serve. This plan results in quality service, and respect for the person (client) in a community setting by the use of a "Non Labeling Process." Specific community models are described which focus on team approaches to services, community education and support, and referral methods. (Author/JLL)

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Youth Services Program in the Elementary School and Community

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PROGRAM BACKGROUND

Section I

The project will focus on providing direct treatment services to children and adolescents (5-18), who are severely emotionally and/or behaviorally disturbed. Primary treatment services will be to maintain them in the community, thus preventing their extrusion to state mental health, or correctional facilities. The target population will be children and adolescents whose functional level of behavior, and emotion, produces high risk of extrusion and/or those who, because of previous hospitalization, have serious emotional or behavioral disturbances affecting their social and community functioning. Treatment services will also focus on increasing their ability to cope with, and function in their social and community surroundings. Direct work with the Department of Mental Health in-patient children and adolescents unit, and follow-up treatment for released patients, will continue. Ninety-five percent of the clients serviced receive public aid or are near poverty level.

To provide direct treatment services for children and adolescents with severe, mental or emotional problems and/or behavioral disturbances who are in high risk of extrusion from the community to seek out, identify, and work with, high risk children and adolescents by maintaining them in their community settings while enhancing their coping skills and functioning abilities, thus preventing extrusion to state mental health or correctional facilities: to provide treatment services through an outreach methodology and to continue utilization of a comprehensive network of referral relationships both in, and out of the community, thus extending continuity of care beyond the

geographic boundaries and beyond the programatic limitations of the project: to provide community education and consultation services to individuals, groups, schools direct service agencies and others, helping them develop coping mechanisms and skills to alleviate those environmental pressures which can cause severe mental or emotional problems and/or behavioral disturbances are the program objectives.

The key elements of service will be provided through an outreach program model which reaches clients on individual, group, and family levels. Staff will interview, work, and counsel with clients in homes, schools, parks, agencies and other community locations, thus meeting clients where their primary problems occur and take focus. Primary treatment services may extend from one interview to one year, depending upon client need. A variety of treatment approaches will be used in providing individual counseling, groups, family therapy, and therapeutic activity programs, with referrals being made to obtain other needed services when appropriate. Diagnostic evaluation, testing and specialized therapies will be provided through the psychologist on the staff. Services are available on a twenty four hour seven days a week basis, with primary contact during days and evenings. The program will continue its primary advocacy for its clients with schools, courts, and departments such as Children and Family Services, and will work in close cooperation with these systems to prevent extrusion of clients from the community. The program and staff will again undergo an intensive, yearly evaluation of agency function and will be relating results to state and community sources.

The program has made intensive efforts to publicize its treatment services to the community. Meetings have been held with the district superintendent and the principals of each elementary and high school serving the community, as well as school social workers and individual teachers. In-service training sessions have been conducted by staff members for local schools. The staff members have also met with judges of juvenile court, probation officers, police youth officers, and staffs of various state and city agencies and programs, to discuss and coordinate services. Letters have been sent to all agencies and personnel working with children and adolescents explaining the services offered. A brochure giving appropriate information has been developed and printed. Most importantly, each client and his/her family receive a full explanation of all available services during the initial contact.

Section II

Philosophy and Principles of West Town Community Services

We are a community based agency. This means that it is located and run by the community. By the community we mean a Board of Directors that represents different aspects of the community. We believe that no one person or group of persons can truly represent the total community. The closest we can get is by having varied representation of the community. Our main purpose is to be a human service agency that truly has concern for the people it serves;

1) It is an agency that respects the dignity of the people it serves.

2) It is an agency that hires people that are sincerely concerned in bettering the situation or life style of the people it serves.

3) It is an agency that serves people at the convenience of the people and not at the convenience of the employed.

4) It is an agency that can change its style of service if it will better serve by changing.

This philosophy and principles are implemented by having intensive and extensive training for the staff. The concept of team work is stressed so that the people we serve can have the benefit of many staff people and thus benefit from many strengths possessed by staff members. This also helps the staff in knowing that there is a strong support system to help them. The staff is responsible towards one another to make sure that this philosophy is always maintained in this agency.

Section III

GOALS AND OBJECTIVES

The general purpose of this program is to provide for a widely accessable community based, community owned and community staffed and directed program to seek out and identify children and adolescents who are in stressful situations, to provide immediate outpatient therapy so they do not have to be institutionalized and/or extruded from the community but can be maintained in the community and helped to develop socially positive roles. As a social-cultural model, rather than a medical model, it is staffed with persons from the community, who not only have been trained in mental health care but come from the cultural and social milieu of the community. It will further service the accompanying physical and social needs which are frequently part of the cause of emotional and behavioral disfunction.

To seek out and identify children and adolescents in stressful situation. Children and adolescents, particularly those who are poor or from racial and cultural minorities, who are emotionally disturbed and/or behaviorally disordered are frequently labeled as troublemakers, law breakers or school drop-outs. Because there is no other way of helping them they are removed to institutions outside the community for help. This sort of response is widely acknowledged to be both excessive and expensive. Our program will provide a referral service so that those children threatened with extrusion may be evaluated by professionally trained personnel and given more appropriate therapy within their own community.

To provide primary outpatient treatment for emotionally disturbed and behaviorally disordered children and

adolescents. Through individual, group and family treatment these young people will be helped to reconstruct stronger personal images, modify unacceptable behavioral attitudes, foster wholesome peer group associations and accept normal family roles. The treatment will include following the child or adolescent into his home, his school and among his peer groups to maintain continuity of support. Working with the family, the school and members of his peer groups will extend the supportive and maintenance work of the program.

To provide follow-up through a network of services in the community and outside the community so that continuity of care will be extended beyond the program boundaries of the Project. When a client's needs are beyond the scope of the project follow-up will be an integral part of the referral mechanism to help guarantee the client receives the care required. Unless continuity of care is to be guaranteed by the agency to which the client is referred, he will remain the project's client until such time as his needs are satisfactorily resolved.

To provide for education of the community both as groups and individuals, and to help prevent the occurrence of mental illness. Through the process of education and wide distribution of information about the services provided by the Project the community will be encouraged to help staff in early detection of mental illness and stress. This will include the continuous effort on the part of the Project to educate the public on the nature of mental illness and the many ways in which it can be treated.

The Project will also address itself to the many social and cultural problems which plague our community and to seek, in cooperation with the community, ways in which we can work together to alleviate these problems.

Section IV

PROGRAM METHOD

The West Town Youth Service Project will function in three community centers, staffed with a team of trained mental health workers. The three centers are located at Association House, Erie House and Onward House, partners of the United Christian Community Services, an umbrella organization serving a number of settlement houses and day care programs across the city of Chicago.

The team at each of these three centers will be comprised of a professionally trained mental health worker, and trained community mental health workers. UCCS agencies will contribute the equivalent of one professionally trained mental health worker and one community worker and one receptionist. The centers will be open 9 - 5, five days a week for referrals. The treatment program and the community outreach program will utilize evening hours subject to the needs as determined by the staff and their governing and advisory boards.

Referrals will be made to these centers in a number of ways. Agreements will be made with community and extra community agencies to provide for referrals in consultation with the Project Director and/or the team supervisor of his designate. For example the Read Zone Hospital may refer a patient recently discharged who maght benefit from the Project's services. The local police may wish to refer an adolescent for our services, evaluation and treatment in lieu of arrest and change. The school, instead of transferring a student outside the community to one of their special schools may refer the student for treatment in order to enable the student to remain in his own class

and in his own community. Individuals or families may refer themselves or children or adolescents within the family for Project services.

When a referral is made or a client presents himself for help a mental health worker will interview the client personally and also other family members when it is deemed appropriate. Through this initial interview the staff will begin to determine what sort of help is to be recommended. At the same time contact will be made with other agencies or groups which have made the referral or who have been involved with the client to prevent duplication of efforts and to be able to construct a program of care in light of the service which has preceded. The staff will determine which worker is to be assigned to work with the client based on the particular talents and skills required for the most effective treatment.

When a client is evaluated to require services which lie beyond the scope of the Project he will be referred to other agencies while at the same time providing the necessary follow-up to assure the need is being met. When a client exhibits severe psychiatric symptoms, e.g., suicidal tendency, homicidal, bizarre behavior, he will be referred to St. Mary's for psychiatric evaluation, medication and/or hospitalization. If the client demonstrates needs for physical and social services such as food or a job or whatever he will be helped to find agencies to meet those needs. Many such needs can be met by settlement houses in which respective centers are located.

Treatment will include individual, group and family counselling. As a rule of thumb children will be counselled with their parents,

older children and teenagers in groups with their peers. When it is indicated adolescents will be given individual counselling and/or family group counselling. Other modalities of treatment may be used upon the recommendation of the staff such as recreation, crafts and so on.

Outreach will be an integral part of the Project. It's services are located in three easily accessable centers. It is frequently noted that people often do not seek help if they have to travel too far to receive it. Since it is a social-cultural model of delivering mental health care rather than a medical model the Project hopes to be able to avoid the stigma often attached to mental illness. There will be Spanish speaking staff members on each team to relate to the Latin American residents.

The staff will be prepared to make both initial and follow-up visits in the home of the client. They will be assigned the responsibility of relating to the client in his/her ambient situation, the gang, the club, the school or whatever.

Current information about the Project will be distributed to churches, schools, police, newspaper and social service agencies. No service fees will be charged. Those who can afford to pay will be referred to St. Mary's Hospital Community Mental Health Clinic.

Section V

SUMMARY

The traditional "services programs" are not doing the job of providing the comprehensive servides needed for youth. Thus the traditional "services programs" are not reaching the community, children, and schools.

Therefore using the following premises as a foundation, an alternative model of providing services for youth in the school and community is possible, workable and hopefully successful.

Premise I: A person does not have to go to a Mental Health Clinic in order to get service. Person can have services provided in their own local setting.

Premise II: People do not have to play the waiting game. (eg: Public Aid) In this model the burden lies with the worker to deal with the family.

Premise III: Workers can be and should come from the community they serve. The program is to provide intensive training, and an on going evaluation and reinforcement for the workers.

The end result of this plan of action is:

A. Quality Service

B. Respect of the person in a community setting by the use of a "Non Labeling Process."

Our belief is that a person is healthy and needs strength to overcome weakness without medication. Labels of "sick" and like terms are not used if possible. In our society there tends to be the use of labels and drugs with 5 minute to 15 minute therapy sessions which are supposed to help those people who are being treated.

We are all members of the community and are responsible to find better methods of helping others.

Below is a diagram model of West Town Youth Services.
If you believe in this approach the following process could be helpful.

1. Contact your local Department of Mental Health.
2. Contact your local Department of Children and Family Services.
3. Contact your local Law Enforcement Commission.